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<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	09/622,703
	Filing Date	August 21, 2000
	First Named Inventor	Warren K. HOEFFLER
	Art Unit	1634
	Examiner Name	A. K. Chakrabarti
	Attorney Docket Number	506562000200

Commissioner for Patents  
To: P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

☒ all the attorneys/agents of record. The undersigned signs this Request on behalf of all attorneys and agents of record.

☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or

☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

The practitioners have been discharged by the client. The client has requested transfer to new counsel.

**APPROVED**

*William Kezer*  
5/11/04, 12:00  
10/13/04

### CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.  
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ Customer Number:

OR

☒ Firm or Individual Name **William Kezer  
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Name **Michael R. Ward**

Signature *Michael R. Ward*

Registration No. **38,651**

Date **October 4, 2004**

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NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 872-9906, on the date shown below.

Dated: October **5**, 2004

Signature: *Vicki Henry*

(Vicki Henry)

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